MSSB-113 (12/17)

Fill in this in	formation to identify your case:		
Debtor 1	Curtin lamon lackage		
Debior	Curtis James Jackson Full Name (First, Middle, Last)		
Debtor 2		X Check if the	nis is an amended
(Spouse, if filing) Full Name (First, Middle, Last)	plan, and	list below the of the plan that have
United States	Bankruptcy Court for the: Southern District of Mississippi	been cha	nged.
0		3.1c	
Case number (If known)			
Chapte	er 13 Plan and Motions for Valuation and Lie	en Avoida	nce 12/17
Part 1:	Notices		
To Debtors:	This form sets out options that may be appropriate in some cases, but the presence of does not indicate that the option is appropriate in your circumstances or that it is per district. Plans that do not comply with local rules and judicial rulings may not be con ALL secured and priority debts must be provided for in this plan.	missible in your ju	dicial
	In the following notice to creditors, you must check each box that applies.		
To Creditors:	Your rights may be affected by this plan. Your claim may be reduced, modified, or eli	minated.	
	You should read this plan carefully and discuss it with your attorney if you have one in this behave an attorney, you may wish to consult one.	oankruptcy case. If y	ou do not
	If you oppose the plan's treatment of your claim or any provision of this plan, you or objection to confirmation on or before the objection deadline announced in Part 9 of Bankruptcy Case (Official Form 309I). The Bankruptcy Court may confirm this plan w objection to confirmation is filed. See Bankruptcy Rule 3015.	the Notice of Chap	ter 13
	The plan does not allow claims. Creditors must file a proof of claim to be paid under any pla	n that may be confir	med.
	The following matters may be of particular importance. Debtors must check one box on e not the plan includes each of the following items. If an item is checked as "Not Include checked, the provision will be ineffective if set out later in the plan.		
	nit on the amount of a secured claim, set out in Section 3.2, which may result in a ial payment or no payment at all to the secured creditor	☐ Included	✓ Not included
	idance of a judicial lien or nonpossessory, nonpurchase-money security interest, set in Section 3.4	☐ Included	✓ Not included
1.3 Non	standard provisions, set out in Part 8	Included	X Not included
L		1	

Part 2:	Plan Payments and Length of Plan
2.1 Length of I The plan period fewer than 60 r specified in this	d shall be for a period of 60 months, not to be less than 36 months or less than 60 months for above median income debtor(s). If nonths of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors
` '	will make regular payments to the trustee as follows: y\$ 553.00 (☑monthly, ☐semi-monthly, ☐weekly, or ☐bi-weekly) to the chapter 13 trustee. Unless otherwise ordered by
Debtor shall pa the court, an O	rder directing payment shall be issued to the debtor's employer at the following address:
	Debtor to pay Trustee direct - benefits
Joint Debtor sh by the court, ar	all pay \$ (_monthly, _semi-monthly, _weekly, or _bi-weekly) to the chapter 13 trustee. Unless otherwise ordered order directing payment shall be issued to the joint debtor's employer at the following address:
Check all the ✓ Debtor(s) will retain any exempt income tax refunds received during the plan term.) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over
	stee all non-exempt income tax refunds received during the plan term.) will treat income tax refunds as follows:
2.4 Additional Check one.	payments.
✓ None. If	"None" is checked, the rest of § 2.4 need not be completed or reproduced.
_ `) will make additional payment(s) to the trustee from other sources, as specified below. Describe the source, estimated amount, and date anticipated payment.
Part 3:	Treatment of Secured Claims
3.1 Mortgages Check all th	. (Except mortgages to be crammed down under 11 U.S.C. § 1322(c)(2) and identified in § 3.2 herein.) at apply.
_	"None" is checked, the rest of § 3.1 need not be completed or reproduced.
132	acipal Residence Mortgages: All long term secured debt which is to be maintained and cured under the plan pursuant to 11 U.S.C. § 2(b)(5) shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim by the mortgage creditor, subject to the start date for the continuing monthly mortgage payment proposed berein

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	1st Mtg pmts to			
	Beginning	@\$	Plan _ Direct. Include	s escrow 🗌 Yes 📗 No
	1 st Mtg arrears to		Through	\$
3.1(b)	Non-Principal Residence Mortgages: All lor U.S.C. § 1322(b)(5) shall be scheduled below. of claim filed by the mortgage creditor, subject	Absent an objection by a party i	n interest, the plan will be amende	d consistent with the proof
	Property 1 address:			
	Mtg pmts to			
	Beginning	@ \$	Plan Direct. Include	s escrow 🗌 Yes 📗 No
3.1(c)	Property 1: Mtg arrears to Mortgage claims to be paid in full over the paid with the proof of claim filed by the mortgage creates.	olan term: Absent an objection b		
	Creditor: America's Servicing Company		Approx. amt. due: 24,000	.00 Int. Rate*:6%
	Property Address: 1614 Dianne Drive, Jackson			
	Principal Balance to be paid with interest at the (as stated in Part 2 of the Mortgage Proof of C	e rate above: 24,000.00		
*	Portion of claim to be paid without interest: \$ (Equal to Total Debt less Principal Balance)	2 4,000.00 =	_	
	Special claim for taxes/insurance: \$ 0.00 (as stated in Part 4 of the Mortgage Proof of C		ginning (no escrow for tax or ins)	_
	*Unless otherwise ordered by the court, the int	erest rate shall be the current Til	I rate in this District.	
	Insert additional claims as needed.			

3.2 Motion for valuation of security, pay	ment of fully secured clain	ns, and modification	n of undersecured cla	ims. Check one.	
✓ None. If "None" is checked, the rest	,	•			
The remainder of this paragraph	will be effective only if the a	applicable box in Pa	art 1 of this plan is che	ecked.	
Pursuant to Bankruptcy Rule 3012, distributed to holders of secured cla forth below or any value set forth in Part 9 of the Notice of Chapter 13 B	ims, debtor(s) hereby move(s) the proof of claim. Any object	s) the court to value to tion to valuation sha	he collateral described	below at the lesser o	f any value set
The portion of any allowed claim that the amount of a creditor's secured cunsecured claim under Part 5 of this claim controls over any contrary am	laim is listed below as having plan. Unless otherwise orde	no value, the credite red by the court, the	or's allowed claim will b	e treated in its entire	ty as an
Name of creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
Insert additional claims as needed.					
#For mobile homes and real estate i	dentified in § 3.2: Special Cla	im for taxes/insuran	ce:		
Name of credito	r	Collateral	Amount per month	Beginr	ning
*Unless otherwise ordered by the co		the current <i>Till</i> rate in	n this District.		
3.3 Secured claims excluded from 11 U Check one.	S.C. § 506.				
✓ None. If "None" is checked, the rest	of § 3.3 need not be complete	ted or reproduced.			
The claims listed below were either:(1) incurred within 910 days before personal use of the debtor(s),		ed by a purchase mo	ney security interest in	a motor vehicle acqu	ired for the
(2) incurred within 1 year of the pe	tition date and secured by a	purchase money sec	curity interest in any oth	er thing of value.	
These claims will be paid in full undo stated on a proof of claim filed befor absence of a contrary timely filed pr	e the filing deadline under Ba	ankruptcy Rule 3002	(c) controls over any co		
Name of cr	editor	Colli	ateral	Amount of claim	Interest rate*
*Unless otherwise ordered by the co	urt, the interest rate shall be	the current <i>Till</i> rate in	n this District.		
Insert additional claims as needed.					

3.4 Motion to avoid lien pursuar	nt to 11 U.S.C. § 522.				
Check one.					
✓ None. If "None" is checked,	· ·				
	agraph will be effective only		•		
debtor(s) would have been claim listed below will be av an objection on or before th hereby move(s) the court to the extent allowed. The amo	sessory, nonpurchase money entitled under 11 U.S.C. § 522 oided to the extent that it impare objection deadline announce find the amount of the judicial bunt, if any, of the judicial lien of and Bankruptcy Rule 4003(c)	2(b). Unless otherwise airs such exemptions of ed in Part 9 of the Not I lien or security intered or security interest that	e ordered by the court upon entry of the ord- ice of Chapter 13 Ba est that is avoided will at is not avoided will	t, a judicial lien or s er confirming the p nkruptcy Case (Off l be treated as an u be paid in full as a	ecurity interest securing a lan unless the creditor files ficial Form 309I). Debtor(s unsecured claim in Part 5 to secured claim under the
Name of creditor	Property subject to lien	Lien amount to be avoided	Secured amount remaining	Type of lien	Lien identification (county, court, judgment date, date of lien recording, county, court, book and page number)
Insert additional claims as n 3.5 Surrender of collateral.	eeded.				
Check one.	the most of C.O.F. most head he				
	· ·	low the collateral that a) be terminated as to	secures the creditor's the collateral only an	d that the stay und	er § 1301 be terminated in
	Name of creditor			Collateral	
Insert additional claims as n	eeded.				
Part 4: Treatment of F	Fees and Priority Claims				
1.1 General Trustee's fees and all allowed postpetition interest.	priority claims, including dome	estic support obligatio	ns other than those t	reated in § 4.5, will	be paid in full without

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case.

4.3 Attorney's fees			
✓ No look fee: \$ 3,400.00			
Total attorney fee charged:	\$ 3,400.00	·	
Attorney fee previously paid:	\$ 500.00	·	
Attorney fee to be paid in plan per confirmation order:	\$ 2,900.00	·	
Hourly fee: \$. (Subject to appro	oval of Fee Application.)	
4.4 Priority claims other than attori	ney's fees and those treated in § 4.5	i.	
Check one.			
✓ None. If "None" is checked, the	e rest of § 4.4 need not be completed of	or reproduced.	
☐ Internal Revenue Service	S	·	
☐ Mississippi Dept. of Revenue \$	S	·	
\$	·		
4.5. Domostic gunnout obligations			
4.5 Domestic support obligations. ##Wore If "None" is checked the	rest of § 4.5 need not be completed o	or reproduced	
	rest of § 4.5 fleed not be completed o	•	
POST PETITION OBLIGA	TION: In the amount of \$	per month beginning	
	through payroll deduction, or _ through		
PRE-PETITION ARREAR	AGE: In the total amount of \$	through	which shall be paid
in full over the plan term, t	unless stated otherwise:		
To be paid direct,	through payroll deduction, or through	gh the plan.	
Insert additional claims as need	led.		
Part 5: Treatment of No.	npriority Unsecured Claims		
Tart of Trouting It of Tro			
5.1 Nonpriority unsecured claims r Allowed nonpriority unsecured cla the largest payment will be effecti	nims that are not separately classified v	will be paid, pro rata. If more than one o	option is checked, the option providing
✓ The sum of \$ 0.00	·		
✓ 0 % of the total amo	ount of these claims, an estimated pay	ment of \$ 0.00	
	ursements have been made to all othe		
If the estate of the debtor(s) we	re liquidated under chanter 7 nongrio	rity unsecured claims would be paid ap	proximately \$ 0 00
` '		priority unsecured claims will be made in	·

✓ None.	eparately classified nonpriority If "None" is checked, the rest of sonpriority unsecured allowed clair	§ 5.2 need not be completed o	r reproduced.		
	Name of creditor	Basis for se classification an	parate	Approximate amount owed	Proposed treatment
Part 6:	Executory Contracts an	d Unexpired Leases			
and une None. Assur	cutory contracts and unexpired expired leases are rejected. Che . If "None" is checked, the rest of gmed items. Current installment partners court order or rule. Arrear e rather than by the debtor(s).	ck one. § 6.1 need not be completed of ayments will be disbursed either.	r reproduced.	ee or directly by the debtor(s	
ii doles	Name of creditor	Description of leased property or executory contract	Curre installm payme	ent arrearage to be	Treatment of arrearage
			Disbursed to Trustee		
Inser	t additional claims as needed.				
Part 7:	Vesting of Property of the	he Estate			
7.1 Property	y of the estate will vest in the de	ebtor(s) upon entry of discha	irge.		
Part 8:	Nonstandard Plan Provi	sions			
8.1 Check "	None" or List Nonstandard Pla	n Provisions			
Under Bankı	. If "None" is checked, the rest of ruptcy Rule 3015(c), nonstandard n or deviating from it. Nonstandar	provisions must be set forth be	elow. A nonst	andard provision is a provisi	ion not otherwise included in the
The following	ng plan provisions will be effect	tive only if there is a check ir	the box "Ind	cluded" in § 1.3.	

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Signature(s):				
atures of Debtor(s) and [· · ·	## 5 ()		
tor(s) and attorney for the l and telephone number.	Debtor(s), if any, must sign belo	w. If the Debtor(s) o	lo not have an attorney, the Debtor(s) must provid	e tneir
,				
/s/ Curtis James Jackson		×		
/s/ Curtis James Jackson Signature of Debtor 1			Signature of Debtor 2	
/s/ Curtis James Jackson Signature of Debtor 1 Executed on 01/08/201	8		Signature of Debtor 2 Executed on	
Signature of Debtor 1				
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive			Executed on MM / DD /YYYY	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD			Executed on	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive			Executed on MM / DD /YYYY	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2			Executed on MM / DD / YYYY Address Line 1	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1	/YYYY		Executed on MM / DD / YYYY Address Line 1	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo	/YYYY		Address Line 1 Address Line 2 City, State, and Zip Code	_
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204	/YYYY		Address Line 1 Address Line 2	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo	/YYYY		Address Line 1 Address Line 2 City, State, and Zip Code	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo	/YYYY	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo	/YYYY	Date	Address Line 1 Address Line 2 City, State, and Zip Code	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo Telephone Number /s/ Frank H Coxwell Signature of Attorney for I	/YYYY de Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo Telephone Number	/YYYY de Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo Telephone Number /s/ Frank H Coxwell Signature of Attorney for I	/YYYY de Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo Telephone Number /s/ Frank H Coxwell Signature of Attorney for I 1675 Lakeland Drive Address Line 1	/YYYY de Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Cod Telephone Number /s/ Frank H Coxwell Signature of Attorney for I 1675 Lakeland Drive Address Line 1	Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	
Signature of Debtor 1 Executed on 01/08/201 MM / DD 1614 Dianne Drive Address Line 1 Address Line 2 Jackson, MS 39204 City, State, and Zip Coo Telephone Number /s/ Frank H Coxwell Signature of Attorney for I 1675 Lakeland Drive Address Line 1 Address Line 2 Jackson, MS 39216	Debtor(s)	Date	Address Line 1 Address Line 2 City, State, and Zip Code Telephone Number	